

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Print: <u>Danetria Lewis</u> Sign: <u>[Signature]</u>	Street: <u>1717 Winslow St</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine, WI</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
2. Print: <u>David W Kuiper</u> Sign: <u>[Signature]</u>	Street: <u>738 Blaine Ave</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine, WI</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
3. Print: <u>Heidi E Panyk</u> Sign: <u>[Signature]</u>	Street: <u>1620 Rapids Dr.</u> City: <u>Racine W.</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine, WI</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone <u>262</u> ()
4. Print: <u>Keturah Ledkins</u> Sign: <u>[Signature]</u>	Street: <u>3913 Green Street Apt. 2</u> City: <u>Racine</u> Zip: <u>53404</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine, WI</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
5. Print: <u>Kim Salamone Acciotti</u> Sign: <u>[Signature]</u>	Street: <u>2215 Georgia Ave 53404</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine, WI</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone <u>(262)</u>

I, Kelly Gallaher Dimler (Printed Name of Circulator), certify: I reside at 4622 Knollwood (Circulator's Residence - Street Name and Number)

Me. Pleasant (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 23 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1451

Return
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PO Box
Madison

Circulators
Please include y

Phone
()
Email

K232

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email
1. Print: <u>Lakazia Ellis</u> Sign: <u>Lakazia Ellis</u>	Street: <u>1016 Mayfair Dr</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	()
2. Print: <u>Mary Buscemi</u> Sign: <u>Mary Buscemi</u>	Street: <u>2815 Jerry Ln</u> City: <u>Racine WI</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mt. Pleasant</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	()
3. Print: <u>Erin Krencisz</u> Sign: <u>Erin Krencisz</u>	Street: <u>1913 21st Street</u> City: <u>Racine, WI</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	()
4. Print: <u>Eric Friedrich</u> Sign: <u>Eric Friedrich</u>	Street: <u>2309 Geneva St</u> City: <u>Racine WI</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	()
5. Print: <u>JAMES F. NELSON</u> Sign: <u>James F. Nelson</u>	Street: <u>1816 S. WISCONSIN AVE</u> City: <u>RACINE</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	()

Certification of Circulator

I, Kelly Ballaher Dimler (Printed Name of Circulator) certify: I reside at 4622 Knollwood (Circulator's Residence - Street Name and Number) Mt. Pleasant (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(2)(a), Wis. Stats.

11 / 23 / 2011
(Month) (Day) (Year)

K Ballaher
(Signature of Circulator)

Page No. (Official Use Only)
1452

Return to:
Committee
PO Box
Madison

Circulators,
Please include your
Phone
()
Email

K 33274

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Wendell Pettibone</u> Sign: <u>[Signature]</u>	Street: <u>1724 Hill St</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email: <u>Bloc N</u> Phone: <u>()</u>
2. Print: <u>NAPOLEON HARDY</u> Sign: <u>[Signature]</u>	Street: <u>707 Kingston Ave</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email: <u></u> Phone: <u>()</u>
3. Print: <u>Joseph Miller</u> Sign: <u>[Signature]</u>	Street: <u>4405 Kennedy Dr #204</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Caledonia</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email: <u></u> Phone: <u>()</u>
4. Print: <u>John Cochran</u> Sign: <u>[Signature]</u>	Street: <u>1115 Romayee Ave</u> City: <u>Racine Wis</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email: <u></u> Phone: <u>()</u>
5. Print: <u>Tracey Cochran</u> Sign: <u>[Signature]</u>	Street: <u>1115 Romayne Ave</u> City: <u>Racine Wis</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email: <u></u> Phone: <u>()</u>

Certification of Circulator

I, Kelly Gallaher Dimler (certify): I reside at 4622 Knollwood Mt. Pleasant
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 8.12, 13(3)(a), Wis. Stats.

11 / 23 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1453

Return by
Committee
PO Box 2
Madison,

Circulators,
Please include your

Phone

Email

K23274-5

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Jarod Balderas	<i>Jarod Balderas</i>	Street: 1108 S. Memorial Dr City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>
2. Daniel A. Panyk	<i>Daniel A. Panyk</i>	Street: 1620 Rapids Dr City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine WI	11/23/2011 <small>(Month) (Day) (Year)</small>
3. Linda Radliff	<i>Linda Radliff</i>	Street: 1320 Kenauk St City: Racine WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
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10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Kelly Gallaher Dimler, (certify): I reside at 4622 Knalwood MT. Pleasant
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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11 / 23 / 2011
(Month) (Day) (Year)

Kelly Gallaher
(Signature of Circulator)

Page No. (Official Use Only)

1454

K23274-6

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VAN WANGGAARD RECALL PETITION

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1. Print: <u>Marissa Tirado</u> Sign: <u>Marissa Tirado</u>	Street: <u>5321 16th St.</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email: <u>Marissa Tirado</u> Phone: <u>(262) 262-2622</u>
2. Print: <u>Gwyn Prescott</u> Sign: <u>Gwyn B. Prescott</u>	Street: <u>2421 Erie St</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email: <u>Gwyn Prescott</u> Phone: <u>(262) 262-2622</u>
3. Print: <u>Beth Schaefer</u> Sign: <u>Beth N. Schaefer</u>	Street: <u>2841 Northbridge Dr</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email: <u>Beth Schaefer</u> Phone: <u>(262) 262-2622</u>
4. Print: <u>KAREN ANDERSEN</u> Sign: <u>Karen Andersen</u>	Street: <u>1109 MELVIN AVE</u> City: <u>RACINE</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email: <u>Karen Andersen</u> Phone: <u>(262) 262-2622</u>
5. Print: <u>Angie Pharr</u> Sign: <u>Angie Pharr</u>	Street: <u>821 Hamilton St</u> City: <u>Racine</u> Zip: <u>W</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email: <u>Angie Pharr</u> Phone: <u>(262) 262-2622</u>

I, Kelly Gallaher Dimler (certify): I reside at 4622 Knollwood
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Wt Pleasant
(Circulator Municipality)

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11 / 23 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1455

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Circulators
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Phone

Email

K23274-

VAN WANGGAARD RECALL PETITION

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Print: <u>Sandra Hansen</u> Sign: <u>Sandra Hansen</u>	Street: <u>2619 N Main St</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11 / 23 / 2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____ ()
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u> / / 20 </u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____ ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u> / / 20 </u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____ ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u> / / 20 </u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____ ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u> / / 20 </u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____ ()

I, Kelly Gallagher Dimler (Printed Name of Circulator) (Certify): I reside at 4622 Knollwood (Circulator's Residence - Street Name and Number)

Wt. Pleasant (Circulator Municipality)

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11 / 23 / 20 11
(Month) (Day) (Year)

K Gallagher
 (Signature of Circulator)

Page No. (Official Use Only)
 # 1456

Return
 Commi
 PO Box
 Madison

Circulator:
 Please include
 Phone: _____
 Email: _____

K23274-

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1. Print: <u>Don Tucker</u> Sign: <u>Don Tucker</u>	Street: <u>1724 11th St</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>11/23/2011</u> (Month) (Day) (Year)	Email: Phone: <u>414</u>
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / / 20 </u> (Month) (Day) (Year)	Email: Phone: ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / / 20 </u> (Month) (Day) (Year)	Email: Phone: ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / / 20 </u> (Month) (Day) (Year)	Email: Phone: ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / / 20 </u> (Month) (Day) (Year)	Email: Phone: ()

Certification of Circulator
I, Keely Gallaher Dimler (certify): I reside at 4622 Knollwood
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Wt. Pleasant
(Circulator Municipality)

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11 / 23 / 2011
(Month) (Day) (Year)

Keely Gallaher Dimler
(Signature of Circulator)

Page No. (Official Use Only)
1457

Circulator:
Please include:
Phone:
Email:

K23274-

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Print: <u>Juan D. Avila</u> Sign: <u>[Signature]</u>	Street: <u>2423 Douglas Ave</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
2. Print: <u>Dennis Hoppel</u> Sign: <u>[Signature]</u>	Street: <u>1127 Brooker St</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
3. Print: <u>Stan A. Nickowski</u> Sign: <u>[Signature]</u>	Street: <u>1823 GREEN ST.</u> City: <u>RACINE</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
4. Print: <u>Abigail M. Small</u> Sign: <u>[Signature]</u>	Street: <u>3423 10th Ave.</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
5. Print: <u>Tamieka Burton</u> Sign: <u>[Signature]</u>	Street: <u>2317 Prospect St</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____

I, Kelly Gallaher Dimer (certify). I reside at 4622 Knollwood
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Met. Pleasant
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(4)(a) Wis. Stats.

11 / 23 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1458

Circulator
Please include:

Phone

Email

K23274-

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Print: <u>DARVIN MARTIN</u> Sign: <u>Darvin Martin</u>	Street: <u>913 College</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email _____ Phone () _____
2. Print: <u>Cassie Weather</u> Sign: <u>Cassie Weather</u>	Street: <u>1407 Hamilton St</u> <u>lower left</u> City: <u>Racine WI</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email _____ Phone () _____
3. Print: <u>Twylight Hunter</u> Sign: <u>Twylight Hunter</u>	Street: <u>1018 Marquette St</u> City: <u>Racine WI</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email _____ Phone () _____
4. Print: <u>Michael A Hollow</u> Sign: <u>Michael A Hollow</u>	Street: <u>2031 Blake Ave</u> City: <u>RACINE, WI</u> Zip: <u>53404-2101</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email _____ Phone () _____
5. Print: <u>James R Moli</u> Sign: <u>James R Moli</u>	Street: <u>2304 Coolidge Ave</u> City: <u>Racine</u> Zip: <u>WI 53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email _____ Phone () _____

Certification of Circulator

I, Kelly Gallaher Dimler (certify): I reside at 4622 Knollwood
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Mt. Pleasant
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

11, 23, 2011
(Month) (Day) (Year)

Kelly Gallaher
Signature of Circulator

Page No. (Official Use Only)
 # 1459

Circulators
 Please include y

Phone

Email

K23274

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return
Committee
PO Box
Madison

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Print: <u>Deborah L. Nickowski</u> Sign: <u>Deborah L. Nickowski</u>	Street: <u>1823 Green St</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>11/23/2011</u> (Month) (Day) (Year)	Email Phone (
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone (
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone (
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone (
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone (

Certification of Circulator
 I, Kelly Gallaher Dimler (certify): I reside at 4622 Knollwood
 (Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Mt. Pleasant
 (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11, 23, 2011
 (Month) (Day) (Year)

Kelly Gallaher Dimler
 (Signature of Circulator)

Page No. (Official Use Only)

1460

Circulators
Please include y

Phone

Email

K23274-

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Print: <u>Brian Karrer</u> Sign: <u>B. N. Karrer</u>	Street: <u>3347 9th. Ave,</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
2. Print: <u>Amy Lesnjak</u> Sign: <u>Amy Lesnjak</u>	Street: <u>3250 Fenceline</u> City: <u>Franksville WI</u> Zip: <u></u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Caledonia</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email Phone ()

I, Kelly Gallahan Dimler (Printed Name of Circulator) certify: I reside at 4622 Knollwood (Circulator's Residence - Street Name and Number)

Wt Pleasant (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under 8.12.13(3)(a) Wis. Stats.

11 / 23 / 2011
(Month) (Day) (Year)

Kelly Gallahan
(Signature of Circulator)

Page No. (Official Use Only)
1461

Circulators
Please include y
Phone
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Email

K23274-

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 2
Madison,

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Laurie LaFever</u> Sign: <u>[Signature]</u>	Street: <u>8126 DoeGlenCt</u> City: <u>Racine</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Mt. Pleasant</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
2. Print: <u>Dan Lanouette</u> Sign: <u>[Signature]</u>	Street: <u>1225 wolf ST</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
3. Print: <u>Paula Harrell</u> Sign: <u>[Signature]</u>	Street: <u>1022 Marquette</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
4. Print: <u>Pamela Burton</u> Sign: <u>[Signature]</u>	Street: <u>Racine 53404</u> <u>1314 Keaunee</u> City: _____ Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
5. Print: <u>Rhonda Pripe</u> Sign: <u>[Signature]</u>	Street: <u>1617 West ST</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____

Certification of Circulator

I, Kelly Gallaher Dimler (certify): I reside at 4622 Knollwood
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Mt. Pleasant
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 23 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

1462

Circulators,
Please include your

Phone

(

Email

K23274-14

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 29
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Bilal Abdullah</u> Sign: <u>[Signature]</u>	Street: <u>416 #A 3rd St (Rt)</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>11/13/2011</u> (Month) (Day) (Year)	Email: _____ Phone: <u>[Signature]</u>
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / / 20</u> (Month) (Day) (Year)	Email: _____ Phone: _____

Certification of Circulator

I, Kelly Gallaher Dimler (certify): I reside at 4622 Knollwood
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Mt. Pleasant
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 13.13(3)(a), Wis. Stats.

11 / 23 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
 # 1463

Circulators,
Please include your
Phone _____
Email _____

K23274-1

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. DONNA LATHROP	<i>Donna Lathrop</i>	Street: 1416 Shoreland Drive City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>
2. Phyllis England	<i>Phyllis England</i>	Street: 1213 Florence Avenue City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>
3. MARLEEN MILLER	<i>Marleen Miller</i>	Street: 211 11th St 2BS City: RACINE Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/20/2011 <small>(Month) (Day) (Year)</small>
4. Patricia L. Rossman	<i>Patricia L. Rossman</i>	Street: 111 11th St. 6AS City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>
5. Warren O. Rossman	<i>Warren O. Rossman</i>	Street: 111 11th St. 6AS City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>
6. Nancy D. Meinholz	<i>Nancy D. Meinholz</i>	Street: 1618 Perry Av. City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>
7. Stephen L. Marsteller	<i>Stephen L. Marsteller</i>	Street: 4855 Conlaine Dr City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/23/2011 <small>(Month) (Day) (Year)</small>
8. DONNA ERICKSON	<i>Donna Erickson</i>	Street: 3463 W. 5 Mile Rd City: Caledonia WI Zip: 53108	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Raymond	11/23/2011 <small>(Month) (Day) (Year)</small>
9. Michael Jacobs	<i>Michael Jacobs</i>	Street: 1324 Cleveland Ave City: RACINE Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>
10. Michael Vilbaum	<i>Michael Vilbaum</i>	Street: 8307 State HWY 38 City: Caledonia Zip: 53108	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/23/2011 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, JANE E WITT, (certify): I reside at 111-11th St. 4CS RACINE
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 23 12011
(Month) (Day) (Year)

Jane E Witt
(Signature of Circulator)

Page No. (Official Use Only)
 # 1464

K232

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Daniela Ilic	Daniela Ilic	Street: 4213 6 Mile Rd. City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/18/2011 (Month) (Day) (Year)
2. Stephanie Voils	Stephanie Voils	Street: 24206 Carlisle Ave City: Kansasville Zip: 53139	<input type="checkbox"/> Town <input type="checkbox"/> Village Dover <input type="checkbox"/> City	11/20/2011 (Month) (Day) (Year)
3. PAUL DYSON	Paul Dyson	Street: 7924 Dwind Lake Rd City: Wind Lake Zip: 53189	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Norway <input type="checkbox"/> City	11/22/2011 (Month) (Day) (Year)
4. JULIAN C. RUIZ	Julian C. Ruiz	Street: 2117 KENTUCKY ST. City: RACINE, WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/22/2011 (Month) (Day) (Year)
5. Dave Dyson	Dave Dyson	Street: 3112 LA SALLE ST City: TRACIE Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village Racine <input checked="" type="checkbox"/> City Racine	11/28/2011 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

I, John P. Maglio (Name of Circulator), (certify): I reside at 800 COURT ST LN (Circulator's Residence - Street name and Number) CALEDONIA (Circulator Municipality) 53402

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 (Month), 23 (Day), 2011 (Year)

[Signature] (Signature of Circulator)

Page No. (Official Use Only)
1465

Circulators, P

Phone

Email

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Amanda S. Langel	<i>Amanda S. Langel</i>	Street: 2422 20 th St. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)
2. Delores M. Veselik	<i>Delores M. Veselik</i>	Street: 810 English St. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)
3. PHILIP J. VESLIK	<i>Philip J. Veselik</i>	Street: 810 English St. City: RACINE Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/16/2011 (Month) (Day) (Year)
4. Frank Langel	<i>Frank Langel</i>	Street: 1344 Ramona Dr. City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	11/17/2011 (Month) (Day) (Year)
5. Cynthia L. Tremelling	<i>Cynthia L. Tremelling</i>	Street: 5219 Lindermann Ave City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/17/2011 (Month) (Day) (Year)
6. Cheryl Langel	<i>Cheryl Langel</i>	Street: 1344 Ramona Dr. City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	11/17/2011 (Month) (Day) (Year)
7. Virginia I. Kroll	<i>Virginia I. Kroll</i>	Street: 5219 Lindermann Ave City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/17/2011 (Month) (Day) (Year)
8. Annette Kroll	<i>Annette Kroll</i>	Street: 5219 Lindermann Ave City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/17/2011 (Month) (Day) (Year)
9. Robert A. Veselik	<i>Robert A. Veselik</i>	Street: 810 English St. City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/17/2011 (Month) (Day) (Year)
10. Stephen J. Horn	<i>Stephen J. Horn</i>	Street: 1535 Boyd Ave City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/19/2011 (Month) (Day) (Year)

Certification of Circulator

I, Amanda S. Langel
(Name of Circulator)

(certify): I reside at 2422 20th St
(Circulator's Residence - Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 19 / 2011
(Month) (Day) (Year)

Amanda S. Langel
(Signature of Circulator)

Page No. (Official Use Only)

1466

Circulator

K2

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Nancy Lenzke	<i>Nancy Lenzke</i>	Street: 1347 Prairie Drive City: Racine Zip: 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/16/2011 <small>(Month) (Day) (Year)</small>
2. Laura J. Freg	<i>Laura J. Freg</i>	Street: 3501 Meachen Rd City: Racine Zip: 53405	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/16/2011 <small>(Month) (Day) (Year)</small>
3. Elizabeth Surendonk	<i>Elizabeth M. Surendonk</i>	Street: 1213 Cedar Creek St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 <small>(Month) (Day) (Year)</small>
4. Mary Stowe	<i>Mary Stowe</i>	Street: 4211 Pleasant Ln City: Racine Zip: 53405	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/16/2011 <small>(Month) (Day) (Year)</small>
5. John Surendonk III	<i>John Surendonk III</i>	Street: 1213 Cedar Creek St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 <small>(Month) (Day) (Year)</small>
6. Jerrold Belland	<i>Jerrold Belland</i>	Street: 5034 Cynthia Lane City: Racine Zip: WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/17/2011 <small>(Month) (Day) (Year)</small>
7. Dianne Belland	<i>Dianne Belland</i>	Street: 5034 Cynthia Lane City: Racine Zip: WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/17/2011 <small>(Month) (Day) (Year)</small>
8. Eugene A. Modest	<i>Eugene A. Modest</i>	Street: 3128 Red Berry Rd City: Racine, WI Zip: 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/17/2011 <small>(Month) (Day) (Year)</small>
9. Lori Matthews	<i>Lori Matthews</i>	Street: 1708 College Ave City: Racine WI Zip: 53403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Racine	11/17/2011 <small>(Month) (Day) (Year)</small>
10. John Surendonk	<i>John Surendonk</i>	Street: 1622 College Ave City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/18/2011 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, John Surendonk, (certify): I reside at 1622 College Ave Racine
(Name of Circulator) (Circulator's Residence Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

11 / 10 / 2011
(Month) (Day) (Year)

John Surendonk
(Signature of Circulator)

Page No. (Official Use Only)
 # 1467

Circulators.
 Phone _____
 Email john.surendonk@racine.wi.gov

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Richard Therkelsen	<i>Richard Therkelsen</i>	Street: 5305 Gallant Fox Ln City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/19/2011 <small>(Month) (Day) (Year)</small>
2. CAROL THERKELSEN	<i>Carol Therkelsen</i>	Street: 5305 GALLANT FOX LN City: RACINE Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	11/19/2011 <small>(Month) (Day) (Year)</small>
3. Monica Dixon	<i>Monica Dixon</i>	Street: 2506 James Blvd City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/19/2011 <small>(Month) (Day) (Year)</small>
4. Juan B. Gazarin	<i>Juan B. Gazarin</i>	Street: 211 BARKER ST City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/19/2011 <small>(Month) (Day) (Year)</small>
5. JOAN C. RENNERT	<i>Joan C. Rennert</i>	Street: 1621 WEDGEWOOD DR City: RACINE Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	11/19/2011 <small>(Month) (Day) (Year)</small>
6. ROBERT R. RENNERT	<i>Robert R. Rennert</i>	Street: 1621 WEDGEWOOD DR City: RACINE Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	11/19/2011 <small>(Month) (Day) (Year)</small>
7. JUAN R. MARTINEZ	<i>Juan R. Martinez</i>	Street: 4505 Apple Tree Cir City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/19/2011 <small>(Month) (Day) (Year)</small>
8. Lucy Martinez	<i>Lucy Martinez</i>	Street: RACINE City: 4505 Apple Tree Cir 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/19/2011 <small>(Month) (Day) (Year)</small>
9. Susan K. Ford	<i>Susan K. Ford</i>	Street: 1221 Augusta St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/19/2011 <small>(Month) (Day) (Year)</small>
10. THOMAS H. FORD	<i>Thomas H. Ford</i>	Street: 1221 AUGUSTA City: RACINE Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/19/2011 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Susan K. Ford, (certify): I reside at 1221 AUGUSTA ST RACINE WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

NOV 1 23 2011
(Month) (Day) (Year)

Susan K. Ford
(Signature of Circulator)

Page No. (Official Use Only)
 # 1468

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jeanne Dodge	<i>Jeanne Dodge</i>	Street: 2910 Old Mill Dr. City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)
2. JUDITH EXNER	<i>Judith Exner</i>	Street: 2933 Old Mill Dr. City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)
3. JOYCE THOMSEN	<i>Joyce Thomsen</i>	Street: 2935 Old Mill Dr. City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)
4. ARTHUR THOMSEN	<i>Arthur Thomsen</i>	Street: 2935 Old Mill Dr. City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)
5. Kathleen Dulan	<i>Kathleen Dulan</i>	Street: 2748 Old Mill Dr. City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)
6. David G. Dulan	<i>David G. Dulan</i>	Street: 2748 Old Mill Dr. City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/16/2011 (Month) (Day) (Year)
7. Elizabeth H WALTON	<i>Elizabeth H Walton</i>	Street: 2929 Old Mill Dr. City: RACINE Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/17/2011 (Month) (Day) (Year)
8. Heidi Bengtson	<i>Heidi Bengtson</i>	Street: 1411 Warwick Way #206 City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/17/2011 (Month) (Day) (Year)
9. B. KROLL	<i>B. Kroll</i>	Street: 3417 3rd St City: RACINE Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WALEDON	11/17/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Sonja Bengtson (Name of Circulator), (certify): I reside at 2908 Old Mill Dr. Racine (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Sonja Bengtson
(Signature of Circulator)

Page No. (Official Use Only)

1469

Circulator

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. GARY D. HALVORSON	<i>Gary D. Halverson</i>	Street: 1519 Kremer Ave City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/23/2011 <small>(Month) (Day) (Year)</small>
2. John G. De Graaf	<i>John G. De Graaf</i>	Street: 1223 Virginia St City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>
3. DAVID L. KIERSTYN	<i>David L. Kierstyn</i>	Street: 8307 STATE ROAD 38 City: CALEDONIA Zip: 53108	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	11/23/2011 <small>(Month) (Day) (Year)</small>
4. Lynda Mucha	<i>Lynda Mucha</i>	Street: 150 Northwood Dr City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/23/2011 <small>(Month) (Day) (Year)</small>
5. Tim Thompson	<i>Tim Thompson</i>	Street: 5027 CANDLELIGHT DR City: RACINE Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	11/23/2011 <small>(Month) (Day) (Year)</small>
6. LESLIE A. PARKER	<i>Leslie A. Parker</i>	Street: 87 Boulder Trl #902 City: PLEASANT, WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City PLEASANT	11/23/2011 <small>(Month) (Day) (Year)</small>
7. LUCILLE GUILBAULT	<i>Lucille Guilbault</i>	Street: 920 Rossmore St City: Racine, Wis Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine Wis	11/23/2011 <small>(Month) (Day) (Year)</small>
8. JOAN ROESGEN	<i>Joan Roesgen</i>	Street: 101 LAMPLIGHTER LN City: RACINE, WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WIND POINT	11/23/2011 <small>(Month) (Day) (Year)</small>
9. WILLIAM ROESGEN	<i>Will. Roe</i>	Street: 101 LAMPLIGHTER LN City: RACINE WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WIND POINT	11/23/2011 <small>(Month) (Day) (Year)</small>
10. Judith M. Lenart	<i>Judith M. Lenart</i>	Street: 8800 Camelot Trace City: Sturtevant, WI Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	11/23/2011 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Melody R. Schmitz, (Name of Circulator) certify: I reside at 3602 Newman Rd Village of Caledonia (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 23 / 2011
(Month) (Day) (Year)

Melody R. Schmitz
(Signature of Circulator)

Page No. (Official Use Only)
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Circulators, p.
Phone
Email

K2320

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Carol A. Marx	Carol A. Marx	Street: 2507 Lorraine City: Racine, Wis Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)
2. BRIAN D. MARX SR.	Brian D. Marx Sr.	Street: 2507 LORRAINE AVE City: RACINE Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/23/2011 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Melody R Schmitz, (certify): I reside at 3602 Newman Road Village of Oaktonia
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

Melody R Schmitz
(Signature of Circulator)

Page No. (Official Use Only)

1471

K23203-2

Circulator

Phone

Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Ellen Deering	<i>Ellen Deering</i>	Street: 700 Lake Ave #6 City: Racine, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)
2. Barbara Deering	<i>Barbara Deering</i>	Street: 700 Lake Ave #12 City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)
3. CHRISTINE LONG	<i>Christine Long</i>	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
4. FRED R. SANDER	<i>Fred R. Sander</i>	Street: 1710 Rusty 53403 City: Racine M.L. Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)
5. Dymishia Smith	<i>Dymishia Smith</i>	Street: 2300 Jacato Dr. City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)
6. Leslie Foster	<i>Leslie Foster</i>	Street: 2306 JACATO DR M.L. City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)
7. Anna Holmes	<i>Anna Holmes</i>	Street: 1401 11th St City: Racine, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine M.L.	11/22/2011 (Month) (Day) (Year)
8. Lisa Morales	<i>Lisa Morales</i>	Street: 3409 Victory Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)
9. Grace M. Rivera	<i>Grace M. Rivera</i>	Street: 1227 Lathrop Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)
10. Josephine Dorr	<i>Josephine Dorr</i>	Street: 3042 Phillips St NW City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)

Certification of Circulator

I, MARY LAND (Name of Circulator), (certify): I reside at 2211 Nanges Ave (Circulator's Residence - Street name and Number) RACINE (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/23/2011
(Month) (Day) (Year)

Mary Land
(Signature of Circulator)

Page No. (Official Use Only)
1472

Circulators, pl
Phone
Email

K23

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. ANTHONY SEGUERA	<i>[Signature]</i>	Street: 1505 WEST BLVD. City: RACINE, WI. Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)
2. James Michael Williamson	<i>[Signature]</i>	Street: 2045 Kearney Ave S City: Racine, Wis Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)
3. Mark B. Huns	<i>[Signature]</i>	Street: 4447 Shorehaven City: Racine Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/22/2011 (Month) (Day) (Year)
4. LEVARN HARLAN	<i>[Signature]</i>	Street: 1534 PACKARD AVE City: Racine Wis Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)
5. Kristy Turner	<i>[Signature]</i>	Street: 9008 Florence St. City: Shukrant Zip: 53127	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Shukrant	11/23/2011 (Month) (Day) (Year)
6. Patricia Sullivan	<i>[Signature]</i>	Street: 1313 BLUFF AVE City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Mary Land (Name of Circulator), (certify): I reside at 2011 Hayes Ave (Circulator's Residence - Street name and Number) Racine (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/23/2011 (Month) (Day) (Year)

[Signature] (Signature of Circulator)

Page No. (Official Use Only)
1473

Circulators, please

Phone

Email

K2319

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Nadia Lawson	Nadia Lawson	Street: 1517 South St 1/2 City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/13/2011 (Month) (Day) (Year)
2. Roy L. Edwards	Roy L. Edwards	Street: 1938 Saturn City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)
3. Celeste Wright	Celeste Wright	Street: 2120 Kuper City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/24/2011 (Month) (Day) (Year)
4. Valena Coleman	Valena L. Coleman	Street: 4215 Durand Ave #12 City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 (Month) (Day) (Year)
5. IRIS MANDERFIELD	Iris Manderfield	Street: 1469 Haynes Ave. City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 (Month) (Day) (Year)
6. Kelly Rindahl	Kelly Rindahl	Street: 3118 86th St City: Shoreland Zip: 53177	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Shoreland	11/21/2011 (Month) (Day) (Year)
7. Troy Welch	Troy Welch	Street: 1215 Blaine Ave. City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 (Month) (Day) (Year)
8. LEONARD STANTON	Leonard Stanton	Street: 1641 PARK City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 (Month) (Day) (Year)
9. Mari Banaszak	Mari Banaszak	Street: 3318 Osborne Blvd City: Racine, WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 (Month) (Day) (Year)
10. Meredith Weber	Meredith Weber	Street: 16700 Mariner Dr #202 City: Mt Pleasant Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/21/2011 (Month) (Day) (Year)

Certification of Circulator

I, MARY LAND (certify): I reside at 2211 Haynes Ave Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 21 / 11
(Month) (Day) (Year)

Mary Land
(Signature of Circulator)

Page No. (Official Use Only)
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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 1st Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Robert Pavlovich Jr.	<i>Robert Pavlovich Jr.</i>	Street: 2496 Westbrook Dr. City: Sturtevant Zip: 53177	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 <small>(Month) (Day) (Year)</small>
2. Anna Diaz	<i>Anna Diaz</i>	Street: 8496 Westbrook Dr. City: Sturtevant Zip: 53177	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City STURTEVANT MI Racine	11/21/2011 <small>(Month) (Day) (Year)</small>
3. ^{h.d.} RICHARD DISSMORE	<i>RICHARD DISSMORE</i>	Street: 1900 QUINCY City: RACINE Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 <small>(Month) (Day) (Year)</small>
4. John Washington	<i>John Washington</i>	Street: 3417 LINDERMAN AVE City: RACINE Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/21/2011 <small>(Month) (Day) (Year)</small>
5. Robert Dumas	<i>Robert Dumas</i>	Street: 4219 WRIGHT AVE City: RACINE Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/21/2011 <small>(Month) (Day) (Year)</small>
6. Margaret Gertz	<i>Margaret Gertz</i>	Street: 1358 Harrington Dr. City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 <small>(Month) (Day) (Year)</small>
7. Scott Reading	<i>Scott Reading</i>	Street: 1326 Carlisle Dr. City: Racine, WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 <small>(Month) (Day) (Year)</small>
8. MARC JENSEN	<i>Marc Jensen</i>	Street: 1246 N FANCHER RD City: RACINE WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City N.L. Racine	11/21/2011 <small>(Month) (Day) (Year)</small>
9. Albert Martinez	<i>Albert Martinez</i>	Street: 1548 Phillips Ave #B City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 <small>(Month) (Day) (Year)</small>
10. MAKVIN (Ate)	<i>MAKVIN</i>	Street: 835 College Ave City: Racine WI Zip: 50403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, MARY LAND (Name of Circulator), (certify): I reside at 2211 Hayes Ave (Circulator's Residence - Street name and Number) Racine (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/21/2011
(Month) (Day) (Year)
Mary Land
(Signature of Circulator)

Page No. (Official Use Only)
 # 1475

Circulators, please
 Phone 266
 Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Carrie Freeman	<i>Carrie Freeman</i>	Street: 2926 Lincolnwood Drive City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine M.L.	11/21/2011 (Month) (Day) (Year)
2. Tina Schinjeck	<i>Tina Schinjeck</i>	Street: 996 Stratford Ct. City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 (Month) (Day) (Year)
3. Pat B. Pavica	<i>Pat B. Pavica</i>	Street: 1660 Cleveland Ave. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 (Month) (Day) (Year)
4. Richard W Banaszak	<i>Richard W Banaszak</i>	Street: 3318 Osborne Blvd City: Racine Zip: 5340	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine M.L.	11/21/2011 (Month) (Day) (Year)
5. Jenna Banaszak	<i>Jenna Banaszak</i>	Street: 3318 Osborne Blvd City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine M.L.	11/21/2011 (Month) (Day) (Year)
6. Danna Mayweather	<i>Danna Mayweather</i>	Street: 1307 Frederick St City: Racine Zip: 53401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine M.L.	11/21/2011 (Month) (Day) (Year)
7. Pearltha Baker	<i>Pearltha Baker</i>	Street: 1819 W 6th St City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 (Month) (Day) (Year)
8. DANA CLARK	<i>Dana Clark</i> M.L.	Street: 5000 GRACELAND BLVD #228 City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine M.L. Mt. Pleasant	11/21/2011 (Month) (Day) (Year)
9. Ronette Davidson	<i>Ronette Davidson</i>	Street: 4908 Scotts Way 201 City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	11/21/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, MARY LANC, (certify): I reside at 2211 HAYES AVE Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 21 / 2011
(Month) (Day) (Year)

Mary Rand
(Signature of Circulator)

Page No. (Official Use Only)
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Circulators, please

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Print: <u>Phyllis Miller</u> Sign: <u>Phyllis Miller</u>	Street: <u>835 College Ave</u> City: <u>LUCINE</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>LUCINE</u> (Municipality Name)	<u>11/21/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(26</u>
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email: Phone: (
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email: Phone: (
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email: Phone: (
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email: Phone: (

Certification of Circulator

I, MARY LAND (Printed Name of Circulator) (certify): I reside at 0211 HAYES AVE (Circulator's Residence - Street Name and Number)

RACINE
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 21 / 2011
(Month) (Day) (Year)

Mary Land
(Signature of Circulator)

Page No. (Official Use Only)

1477

Circulator
Please include

Phone

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Email

K2320

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Print: <u>BEATRICE MCFARROW</u> Sign: <u>Beatrice M. McFarrow</u>	Street: <u>1850 13th Street</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/11/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone:
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u> / /20 </u> <small>(Month) (Day) (Year)</small>	Email: Phone:
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u> / /20 </u> <small>(Month) (Day) (Year)</small>	Email: Phone:
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u> / /20 </u> <small>(Month) (Day) (Year)</small>	Email: Phone:
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u> / /20 </u> <small>(Month) (Day) (Year)</small>	Email: Phone:

Certification of Circulator

I, Carl Lassiter, Jr. (certify): I reside at 5255 Coachlamp Drive Mt. Pleasant
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(5)(a), Wis. Stats.

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(Month) (Day) (Year)

Carl Lassiter, Jr.
(Signature of Circulator)

Page No. (Official Use Only)
 # 1478

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 PO Box
 Madison

Circulators
 Please include

Phone
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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. MAUREEN FRITZ	<i>Maureen Fritzen</i>	Street: 3612 Nicolet PL City: North Bay WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City North Bay KBC	11/19/2011 (Month) (Day) (Year)
2. Katherine B. Carson	<i>Katherine B. Carson</i>	Street: 6427 Norfolk Lane City: Mt. Pleasant Zip: 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KBC Mt. Pleasant KBC	11/20/2011 (Month) (Day) (Year)
3. Eileen Teska	<i>Eileen Teska</i>	Street: 5023 Singing Trees Dr City: Caledonia Zip: 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KBC Caledonia KBC	11/20/2011 (Month) (Day) (Year)
4. Christina Dresen	<i>Christina Dresen</i>	Street: 4115 Washington Ave City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine KBC	11/20/2011 (Month) (Day) (Year)
5. Sara Bublitz	<i>Sara Bublitz</i>	Street: 1508 Deane Blvd. City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine KBC	11/20/2011 (Month) (Day) (Year)
6. Diana Pavao	<i>Diana Pavao</i>	Street: 2404 Jerome Blvd City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine KBC	11/20/2011 (Month) (Day) (Year)
7. Maria J Kotz	<i>Maria J Kotz</i>	Street: 20 Sheffield Dr City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine KBC	11/20/2011 (Month) (Day) (Year)
8. ROB GANNON	<i>Rob Gannon</i>	Street: 2036 GEORGIA AVE City: RACINE Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine KBC	11/20/2011 (Month) (Day) (Year)
9. ALAN N. CARSON	<i>Alan N. Carson</i>	Street: 6427 NORFOLK LANE City: MOUNT PLEASANT Zip: 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KBC Mt. Pleasant KBC	11/20/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KBC	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Katherine B. Carson, (certify): I reside at 6427 Norfolk Lane Mt. Pleasant
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/23/2011 Katherine B. Carson
 (Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

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Circulator

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Marrica Brown	<i>Marrica Brown</i>	Street: 1844 Taylor Ave City: Racine Zip: 53403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/17/2011 (Month) (Day) (Year)	Email Phone ()
2. Quinone Ransom	<i>QR</i>	Street: 1224 Isabelle Ave City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/17/2011 (Month) (Day) (Year)	Email Phone ()
3. Brashe Gibson	<i>Brashe Gibson</i>	Street: 1466 12th St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/17/2011 (Month) (Day) (Year)	Email Phone ()
4. Jacqueline Moss	<i>Jacqueline Moss</i>	Street: 5520 3 mile Rd City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Caladonia	11/20/2011 (Month) (Day) (Year)	Email Phone ()
5. LATRICIA APPLERATE	<i>Latricia Applerto</i>	Street: 3713-15th St City: Kenosha Zip: 53140	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	11/20/2011 (Month) (Day) (Year)	Email Phone ()
6. Rance Cuthin	<i>Rance Cuthin</i>	Street: 2014 S Greenhayed City: Racine Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)	Email Phone ()
7. L McHargue	<i>L McHargue</i>	Street: 3415 Sheridan Trcl City: Kenosha WI Zip: 53410	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	11/20/2011 (Month) (Day) (Year)	Email Phone ()
8. Suzanne Mat	<i>Suzanne Mat</i>	Street: 3134 Wood Rd #6 City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone ()

I, Marrica Brown, (certify): I reside at 1844 Taylor Ave Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

11/23/2011 *Marrica Brown*
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
1480

Circulators, please
Phone 26
Email

K231

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. CALVERWELL Brown	Kaherwell Brown	Street: 2015 Carter St City: Racine Zip: 53402	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/2/2011 (Month) (Day) (Year)	Email Phone ()
2. Nichole Jensen-McIntosh	Nichole Jensen-McIntosh	Street: 1341 Indiana St. City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/21/2011 (Month) (Day) (Year)	Email Phone ()
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ()

I, Marnica Brown (Name of Circulator), certify: I reside at 1844 Taylor Ave (Circulator's Residence - Street name and Number) Racine (city) (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I signed this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 23 / 2011
(Month) (Day) (Year)

Marnica Brown
(Signature of Circulator)

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Circulators, please provide:
Phone ()
Email ()

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. GARY LOVELLY	<i>Gary Lovelly</i>	Street: 2515 WEST CRESCENT DR. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine BC	11/17/2011 <small>(Month) (Day) (Year)</small>
2. Mary BURANT	<i>Mary Burant</i>	Street: 1917 Mars Av City: Racine, WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 <small>(Month) (Day) (Year)</small>
3. Pang yang	<i>Pang yang</i>	Street: 6734 middle Rd City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/22/2011 <small>(Month) (Day) (Year)</small>
4. Rachael Breere	<i>Rachael Breere</i>	Street: 5403 Westmore Dr. City: Racine, WI Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 <small>(Month) (Day) (Year)</small>
5. RICHARD MARTELL	<i>Richard Martell</i>	Street: 3612 Candle Ct #7 City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/22/2011 <small>(Month) (Day) (Year)</small>
6. Randy Scheel	<i>Randy Scheel</i>	Street: 611 4 mile Rd. City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/22/2011 <small>(Month) (Day) (Year)</small>
7. Jon Soderberg	<i>Jon Soderberg</i>	Street: 6301 9 mile Rd City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Caledonia	11/22/2011 <small>(Month) (Day) (Year)</small>
8. Kelly Hart	<i>Kelly Hart</i>	Street: 1311 WOLFF ST City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 <small>(Month) (Day) (Year)</small>
9. Angelica Valdina	<i>Angelica Valdina</i>	Street: 5832 San-Dell way City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/22/2011 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Debra Christensen, (certify): I reside at 2110 Crown Point Caledonia
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 23 / 2011 Debra Christensen
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
1482

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Gerald Radtke	<i>Gerald Radtke</i>	Street: 4738 Hwy V City: Franksville Zip: 53126	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
2. Carol Radtke	<i>Carol Radtke</i>	Street: 4738 Hwy V City: Franksville Zip: 53126	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/18/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
3. Timothy R. Smith	<i>Timothy R. Smith</i>	Street: 3200 97th St. City: STURTEVANT Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City STURTEVANT	11/22/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
4. Justin Pfeiffer	<i>Justin Pfeiffer</i>	Street: 2927 Virginia St. City: Racine Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/22/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
5. Ashley	<i>Ashley</i>	Street: 4300 Myrtle Ct City: Racine WI Zip: WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/22/2011 <small>(Month) (Day) (Year)</small>	Email Phone 262
6. DOUGLAS WOITESHAK	<i>Douglas Woiteshak</i>	Street: RACINE 3811 N. MAIN City: RACINE WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/22/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
7. Jamie Brewick	<i>Jamie Brewick</i>	Street: 5236 Willowview Rd City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
8. Steven Weisn.chris	<i>Steven Weisn.chris</i>	Street: 1200 Kingston Ave City: RACINE, WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/22/2011 <small>(Month) (Day) (Year)</small>	Email Phone (414) 70
9. KELLY BAIN	<i>Kelly Bain</i>	Street: 3616 4 Mile City: RACINE, WI Zip: 53404	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	11/22/2011 <small>(Month) (Day) (Year)</small>	Email Phone ()
10. Sally Peterson	<i>Sally Peterson</i>	Street: 2519 Sunrise Rd City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/22/2011 <small>(Month) (Day) (Year)</small>	Email Phone 262.6

Certification of Circulator

I, Debra Christensen, (certify): I reside at 2110 Crown Point Dr Caledonia
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 23 / 2011
(Month) (Day) (Year)

Debra Christensen
(Signature of Circulator)

Page No. (Official Use Only)
1483

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Circulators, please

Phone 262

Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Nicholas Power	<i>Nicholas Power</i>	Street: 23 Lakewood Drive City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wind Point	11/22/2011 (Month) (Day) (Year)
2. MARY PECK	<i>Mary Peck</i>	Street: 1311 DOUGLAS AVE City: RACINE Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	11/22/2011 (Month) (Day) (Year)
3. Joanne Beaulieu	<i>Joanne Beaulieu</i>	Street: 3336 Shorewood Dr. City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/22/2011 (Month) (Day) (Year)
4. CARLES BAUER-KING	<i>Charles Bauer-King</i>	Street: 700 WATERS EDGE #5 City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/23/2011 (Month) (Day) (Year)
5. NANCY BAUER-KING	<i>Nancy Bauer-King</i>	Street: 700 WATERS EDGE #5 City: RACINE Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/23/2011 (Month) (Day) (Year)
6. TRACI MOTT	<i>Traci Mott</i>	Street: 2011 NEWBERG LN City: RACINE Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	11/23/2011 (Month) (Day) (Year)
7. JOSHUA MOTT	<i>Joshua Mott</i>	Street: 3318 10TH AVE City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City RACINE	11/23/2011 (Month) (Day) (Year)
8. Kimberley Harrison	<i>Kimberley Harrison</i>	Street: 6366 Ambassador Dr City: Racine WI 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/23/2011 (Month) (Day) (Year)
9. BERNARD J NEMORE	<i>Bernard J Nemore</i>	Street: 4017 5mi. Rd City: RACINE WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	11/23/2011 (Month) (Day) (Year)
10. William A. Hunter	<i>William A Hunter</i>	Street: 4623 LaSalle St. City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/23/2011 (Month) (Day) (Year)

Certification of Circulator

I, Debra Christensen, (certify): I reside at 2110 Crown Point Caledonia
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/23/2011 Debra Christensen
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

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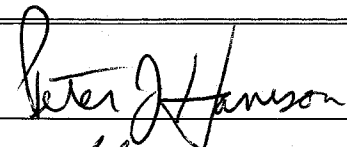

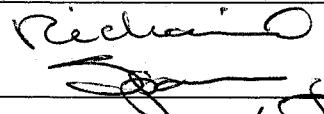

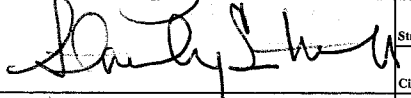
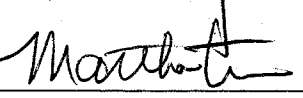



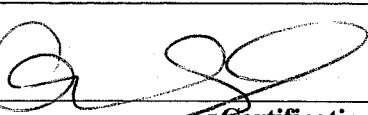
Circulators, please

Phone

Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. PETER J. HARRISON		Street: 6366 AMBASSADOR DR. City: RACINE, WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	11/23/2011 <small>(Month) (Day) (Year)</small>
2. Gerald R. Teske		Street: 4615 Pilgrim Dr City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	11/23/2011 <small>(Month) (Day) (Year)</small>
3. Richard Spang		Street: 7849 4th RD City: Franksville Zip: 53126	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/23/2011 <small>(Month) (Day) (Year)</small>
4. Shirley Greer		Street: 6810 Middle Rd City: Caledonia Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/23/2011 <small>(Month) (Day) (Year)</small>
5. STAN TIMM		Street: 1125 YOUT ST. City: RACINE Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>
6. MARTHA TIMM		Street: 1125 YOUT ST. City: RACINE Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>
7. PATRICIA HENNINGFELD		Street: 5112 VALLEY TRAIL City: RACINE Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WIND POINT	11/23/2011 <small>(Month) (Day) (Year)</small>
8. Jonathan Bordeson		Street: 6620 WATTEWATER City: RACINE Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	11/23/2011 <small>(Month) (Day) (Year)</small>
9. Amber Bordeson		Street: 6620 Whitewater St City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/23/2011 <small>(Month) (Day) (Year)</small>
10. Gina Cummings		Street: 1401 N Emmet St RD City: Racine Zip: 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	11/23/2011 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Debra Christensen (Name of Circulator), (certify): I reside at 2110 Crown Point Dr (Circulator's Residence - Street name and Number) Caledonia (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 23 / 2011 (Month) (Day) (Year) Debra Christensen (Signature of Circulator)

Page No. (Official Use Only)

1485

Circulators

Phone

Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Print: <u>John Vassh</u> Sign: <u>[Signature]</u>	Street: <u>4115 Newman Rd</u> City: <u>Racine</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Caledonia</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>(26)</u>
2. Print: <u>Sophie Vassh</u> Sign: <u>[Signature]</u>	Street: <u>4115 Newman Rd</u> City: <u>Racine, WI</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Caledonia</u> <small>(Municipality Name)</small>	<u>11/15/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>(26)</u>
3. Print: <u>Pablo Amaya</u> Sign: <u>PABLO AMAYA</u>	Street: <u>2048 Blaine</u> City: <u>RACINE</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u> <small>(Municipality Name)</small>	<u>11/2/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>(26)</u>
4. Print: <u>JUAN AMAYA</u> Sign: <u>[Signature]</u>	Street: <u>1722 Kentucky ST</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/2/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>(26)</u>
5. Print: <u>Ruben Amaya</u> Sign: <u>[Signature]</u>	Street: <u>3637 91st Place</u> City: <u>STURTEVANT</u> Zip: <u>53177</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>STURTEVANT</u> <small>(Municipality Name)</small>	<u>11/21/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>(26)</u>

Certification of Circulator

I, JEFF VASSH, (certify): I reside at 4115 NEWMAN RD CALEDONIA
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

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(Signature of Circulator)

Page No. (Official Use Only)

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Circulators
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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Print: <u>Juan P. Amaya JR.</u> Sign: <u>Juan P. Amaya Jr.</u>	Street: <u>1722 KENTUCKY ST</u> City: <u>RACINE</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u> <small>(Municipality Name)</small>	<u>11/21/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>(262) _____</u>
2. Print: <u>Rolando Ortiz</u> Sign: <u>Rolando Ortiz</u>	Street: <u>1726 Indiana St</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/21/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>(262) _____</u>
3. Print: <u>Reynaldo Ortiz</u> Sign: <u>Reynaldo Ortiz</u>	Street: <u>1726 Indiana St</u> City: <u>Racine</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/21/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>(262) _____</u>
4. Print: <u>Francisca P. Ortiz</u> Sign: <u>Francisca P. Ortiz</u>	Street: <u>1726 Indiana St.</u> City: <u>RACINE</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/21/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>(262) _____</u>
5. Print: <u>Beverly J Bowen</u> Sign: <u>Beverly J Bowen</u>	Street: <u>4300 17th St.</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>11/21/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>() _____</u>

1. Ruben Amaya (certify): I reside at 3637 91st Place
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

STURTEVANT
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.12(3)(a), Wis. Stats.

11 / 23 / 120 / 11
(Month) (Day) (Year)

Ruben Amaya
(Signature of Circulator)

Page No. (Official Use Only)
1487

Circulators,
Please include your

Phone: _____
Email: (262) _____

K23

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Michelle Springer	Michelle Springer	Street: 807 Virginia St. City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/14/2011 (Month) (Day) (Year)
2. Corbie Pfarr	Corbie Pfarr	Street: 5309 Lathrop Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mount Pleasant	11/16/2011 (Month) (Day) (Year)
3. Heather Laurence	Heather Laurence	Street: 3300 Southwood Dr City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	11/17/2011 (Month) (Day) (Year)
4. Laurie Bauer	Laurie Bauer	Street: 5727 Regency Hills Dr City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/17/2011 (Month) (Day) (Year)
5. John Suter	John Suter	Street: 3705 Cooper Ave City: Shokogton WI Zip: 53453	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Shokogton	11/19/2011 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Kevin DeBruiche, (certify): I reside at 5727 Regency Drive 53406 Racine WI
 (Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 23 / 2011
 (Month) (Day) (Year)

Kevin DeBruiche
 (Signature of Circulator)

Page No. (Official Use Only)

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Circulator

Phone

Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. James Gitzky		Street: 3714 Carter ST City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/22/2011 (Month) (Day) (Year)
2. Kristine Chiapote		Street: 4219 Lake meadow Dr City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Wind Point <input type="checkbox"/> City	11/22/2011 (Month) (Day) (Year)
3. Donald Burant		Street: 1917 Mars Ave City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)
4. Chang Yang		Street: 6734 Middle Rd City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/22/2011 (Month) (Day) (Year)
5. ALLAN ROZMAN		Street: 4908 Scotts Way City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/22/2011 (Month) (Day) (Year)
6. Colleen Potterson		Street: 7348 Foley Rd City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/22/2011 (Month) (Day) (Year)
7. Scott Sebastian		Street: 6023 Douglas Ave City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/22/2011 (Month) (Day) (Year)
8. Eddie Jowers		Street: 2821 Norwood Dr City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Racine <input type="checkbox"/> City	11/22/2011 (Month) (Day) (Year)
9. William Terpstra		Street: 2956 Northbridge Dr City: Racine Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/22/2011 (Month) (Day) (Year)
10. Khon Perry		Street: 1622 Oaklawn Dr City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/22/2011 (Month) (Day) (Year)

Certification of Circulator

I, Tina Scholzen (Name of Circulator), certify: I reside at 1832 Taylor Ave (Circulator's Residence - Street name and Number) Racine (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

11 / 23 / 11
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
1489

K23

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. KATHRYN L KEMER	<i>Kathryn L Kemer</i>	Street: 1540 HAYES AVE City: RACINE Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/17/2011 (Month) (Day) (Year)
2. Debbie Krauel	<i>Debbie Krauel</i>	Street: 3610 Marchem Rd. #1 City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/18/2011 (Month) (Day) (Year)
3. ELLAN SEAMANDEL	<i>Ellan Seamandel</i>	Street: 9500 Broadway Dr City: STURTEVANT Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village STURTEVANT <input type="checkbox"/> City	11/18/2011 (Month) (Day) (Year)
4. Matt Walter	<i>Matt Walter</i>	Street: 1533 Chatham St. City: Racine Zip: WI 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/18/2011 (Month) (Day) (Year)
5. Denny Daams	<i>Denny Daams</i>	Street: 3706 Rio Vista Rd City: Racine Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/18/2011 (Month) (Day) (Year)
6. MIKE GAGNON	<i>Mike Gagnon</i>	Street: 806 LAKE AVE #1 City: RACINE Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/18/2011 (Month) (Day) (Year)
7. Laurie Letting	<i>Laurie Letting</i>	Street: 4220 Lathrop Ave. City: Racine Zip: 53403	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt. Pleasant <input type="checkbox"/> City	11/18/2011 (Month) (Day) (Year)
8. Phil Bodenbach	<i>P. Bodenbach</i>	Street: Racine 4212 LaSalle City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/18/2011 (Month) (Day) (Year)
9. JOSHUA VALLES	<i>J. Valles</i>	Street: 523 HIGH ST. City: RACINE Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/18/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, TINA Scholzen, (certify): I reside at 1832 Taylor ave Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 23 / 2011
(Month) (Day) (Year)

Tina Scholzen
(Signature of Circulator)

Page No. (Official Use Only)

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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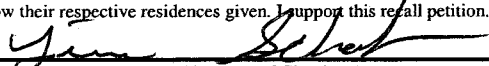
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Debra Christensen		Street: 2110 Crown Point Dr City: Racine Zip: 53402	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/16/2011 <small>(Month) (Day) (Year)</small>
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Tina Scholzen, (certify): I reside at 1832 Taylor Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 23 / 2011
(Month) (Day) (Year)


(Signature of Circulator)

Page No. (Official Use Only)
 # 1491

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Ricky Person	<i>[Signature]</i>	Street: 5501 CITATION LN City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Caledonia	4/23/2011 (Month) (Day) (Year)
2. Maureen Pestka	<i>[Signature]</i>	Street: 6727 Lone Elm Dr. City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Caledonia	11/23/2011 (Month) (Day) (Year)
3. KENNETH BURY	<i>[Signature]</i>	Street: 2900 WILD ROSE WAY City: RACINE WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CALEDONIA	11/23/2011 (Month) (Day) (Year)
4. LAURENCEAN CAMPBELL	<i>[Signature]</i>	Street: 1550 WIND DALE DR. City: RACINE WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City CALEDONIA	11/23/2011 (Month) (Day) (Year)
5. Theodore Wojas	<i>[Signature]</i>	Street: 4906 Parry Ave City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/23/2011 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

Certification of Circulator

I, Tina Scholzen, (certify): I reside at 1832 Taylor Ave Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 23 / 2011 Tina Scholzen
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Jodene Le Denmat	<i>Jodene Le Denmat</i>	Street: 3112 Conny Acres Rd. City: Racine, WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/23/2011 <small>(Month) (Day) (Year)</small>
2. Michelle Barnes	<i>Michelle Barnes</i>	Street: 1130 S. Main ST #313 City: Racine Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>
3. FRANK VITA	<i>Frank Vita</i>	Street: 2895 3rd AVE RD City: RACINE Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/23/2011 <small>(Month) (Day) (Year)</small>
4. Jon Senzig	<i>Jon Senzig</i>	Street: 2416 Olive St City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>
5. PATRICK DIXON	<i>Patrick Dixon</i>	Street: 2530 TULIP CT City: RACINE Zip: 53402	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/23/2011 <small>(Month) (Day) (Year)</small>
6. CAROL TESKA	<i>Carol Teska</i>	Street: 4615 Pilgrim Dr. City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/23/2011 <small>(Month) (Day) (Year)</small>
7. Jeff Bangrud	<i>Jeff Bangrud</i>	Street: 6423 Douglas Ave City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/23/2011 <small>(Month) (Day) (Year)</small>
8. M. Blaha	<i>M. Blaha</i>	Street: 3219 Wyoming Way City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/23/2011 <small>(Month) (Day) (Year)</small>
9. Donna R Benley	<i>Donna R Benley</i>	Street: 4811 Indian Hills Dr #501 City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	11/23/2011 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Tina Scholzen, (certify): I reside at 1932 Taylor Ave Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11, 23, 2011
(Month) (Day) (Year)

Tina Scholzen
(Signature of Circulator)

Page No. (Official Use Only)

1493

Circulator
 PI
 E

K2

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Ollie Dawson	Ollie Dawson	Street: 2201 Blake Ave City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)
2. Wanda Goodie	Wanda Goodie	Street: 2319 LAYARD AVE City: RACINE Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/22/2011 (Month) (Day) (Year)
3. DELPIAH SAM	Deliah Sam	Street: 1009 MAYFAIR DR City: RACINE Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/22/2011 (Month) (Day) (Year)
4. Michael Ahlswede	Michael Ahlswede	Street: 1011 MAYFAIR DR City: racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/22/2011 (Month) (Day) (Year)
5. Brenda Conner	Brenda Conner	Street: 1009 MAYFAIR DR City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)
6. Richard Steen	Richard Steen	Street: 1011 MAYFAIR DR City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)
7. Barbara Kreesig	Barbara Kreesig	Street: 1009 MAYFAIR DR City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 (Month) (Day) (Year)
8. Latonya Cox	Latonya Cox	Street: 145 EDDIE STREET City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)
9. Delonda Jordan	Delonda Jordan	Street: 1009 MAYFAIR DR City: 1009 MAYFAIR DR Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

I, Johnnie Griffith (Name of Circulator), certify: I reside at 825 11th St (Circulator's Residence - Street name and Number) RACINE (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/23/2011 (Month) (Day) (Year)

Johnnie Griffith (Signature of Circulator)

Page No. (Official Use Only)

1494

Circulator

Phone

Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jennifer Cacciotti	Jennifer Cacciotti	Street: 5515 N. Meadows Dr City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/17/2011 (Month) (Day) (Year)
2. Stacy Cacciotti	Stacy Cacciotti	Street: 5515 N. Meadows Dr City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/22/2011 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

I, Diane Cacciotti (Name of Circulator), (certify): I reside at 5515 N. Meadows Dr Caledonia (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 22 / 2011 (Month) (Day) (Year) Diane Cacciotti (Signature of Circulator)

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K23118

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. JOSEPH G. SADLON	<i>Joseph G. Sadlon</i>	Street: 1310 SCOTT DR City: RACINE, WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	11/23/2011 <small>(Month) (Day) (Year)</small>
2. NORMA KADOLPH	<i>Norma Kadolph</i>	Street: 2408 Rapids DR City: RACINE Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/23/2011 <small>(Month) (Day) (Year)</small>
3. CINDY STRATHMAN	<i>Cindy Strathman</i>	Street: 1001 FAIRWAY City: RACINE Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/23/2011 <small>(Month) (Day) (Year)</small>
4. CHRISTINE HALVORSON	<i>Christine Halvorson</i>	Street: 4414 Kennedy Dr #103 City: Racine Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/23/2011 <small>(Month) (Day) (Year)</small>
5. DAVID L. HANSEN	<i>David L. Hansen</i>	Street: 704 HIGH ST City: UNION GROVE Zip: 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village UNION GROVE <input type="checkbox"/> City	11/23/2011 <small>(Month) (Day) (Year)</small>
6. LORI E. LEHNERT	<i>Lori E. Lehnert</i>	Street: 3531 Portridge Terrace City: Racine Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/23/2011 <small>(Month) (Day) (Year)</small>
7. DAVID L. MILLER	<i>David L. Miller</i>	Street: 2307 GENEVA ST. City: RACINE Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/23/2011 <small>(Month) (Day) (Year)</small>
8. GERARD J. LAKATOS	<i>Gerard J. Lakatos</i>	Street: 3641 Vermont St. City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Caledonia	11/23/2011 <small>(Month) (Day) (Year)</small>
9. DELORIS RANNAW	<i>Deloris Rannaw</i>	Street: 1550 Raintree Lane City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	11/23/2011 <small>(Month) (Day) (Year)</small>
10. PEGGY SHACKORY	<i>Peggy Shackory</i>	Street: 4120 OLIVE ST City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, KAY KRAUSE, (certify): I reside at 8901 Red Hawk Cir Mt Pleasant
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 23 / 2011
(Month) (Day) (Year)

Kay Krause
Signature of Circulator

Page No. (Official Use Only)
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K23084-1

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. <u>Joan Rotkis</u>	<u>Joan Rotkis</u>	Street: <u>1601 S. Wiese Ave</u> City: <u>Racine Wiese</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>
2. <u>Jean Thielen</u>	<u>Jean Thielen</u>	Street: <u>3620 Kingsberry St.</u> City: <u>Racine</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Caledonia</u>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>
3. <u>Julie Kilmer</u>	<u>Julie Kilmer</u>	Street: <u>4529 Erie St.</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Caledonia</u>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>
4. <u>John Petersen</u>	<u>John Petersen</u>	Street: <u>2022 Saint Clair</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>11/23/2011</u> <small>(Month) (Day) (Year)</small>
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, KAY KRAUSE (Name of Circulator), (certify): I reside at 8901 RED HAWK CIR (Circulator's Residence - Street name and Number) MT PLEASANT (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 23 / 2011
(Month) (Day) (Year)

Kay Krause
(Signature of Circulator)

Page No. (Official Use Only)
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K230

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. JEROME VINE	<i>Jerome Vine</i>	Street: 1470 11 th AV. City: UNION GROVE Zip: 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	11/23/2011 <small>(Month) (Day) (Year)</small>
2. ALFRED G. ANDERSON	<i>Alfred G. Anderson</i>	Street: 2800 KENWOOD City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/23/2011 <small>(Month) (Day) (Year)</small>
3. William Moore	<i>William Moore</i>	Street: 2424 JENX 53404 City: Racine Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>
4. Christopher John Lehnert	<i>[Signature]</i>	Street: 3531 Putridge Terrace City: Racine Zip: 53407	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/23/2011 <small>(Month) (Day) (Year)</small>
5. Jacqueline Pannell	<i>Jacqueline Pannell</i>	Street: 2250 Layard 53404 City: Racine Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>
6. JAMES MILLER	<i>James Miller</i>	Street: 2829 Erie St City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/23/2011 <small>(Month) (Day) (Year)</small>
7. DON HORGLEND	<i>Don Horglend</i>	Street: 1400 HOWARD ST. City: RACINE Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/23/2011 <small>(Month) (Day) (Year)</small>
8. JERRY RANNOU	<i>Jerry Rannou</i>	Street: 1550 Raintree Lane #113 City: RACINE Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt Pleasant <input type="checkbox"/> City	11/23/2011 <small>(Month) (Day) (Year)</small>
9. MATHEW ROTKIS	<i>Mathew Rotkis</i>	Street: 1601 50 WIS Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>
10. Hannah Kilmer	<i>Hannah Kilmer</i>	Street: 4529 Erie Street City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Calidonia <input type="checkbox"/> City	11/23/2011 <small>(Month) (Day) (Year)</small>

I, CAROL E FORBES, (Name of Circulator)
 (certify): I reside at 4120 20th St RACINE 53405 City of Racine
 (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 23 / 2011 *Carol E Forbes*
 (Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
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K23080

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Pamela M. Rector	<i>Pamela M. Rector</i>	Street: 520 S. Fancher Rd. City: Mt. Pleasant Zip: 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City mt. Pleasant	11/17/2011 <small>(Month) (Day) (Year)</small>
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>
3. Tammy Valenzuela	<i>Tammy Valenzuela</i>	Street: 3407 Washington Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/17/2011 <small>(Month) (Day) (Year)</small>
4. Calvin Hamilton	<i>Calvin Hamilton</i>	Street: 612 Grove Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/17/2011 <small>(Month) (Day) (Year)</small>
5. Everado Castillo	<i>Everado Castillo</i>	Street: 1815 Racine St. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/17/2011 <small>(Month) (Day) (Year)</small>
6. Ruth White	<i>Ruth White</i>	Street: 641 Foxtree Circle #2 City: Burlington Zip: 53105	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Burlington	11/20/2011 <small>(Month) (Day) (Year)</small>
7. THOMAS E. BROWN	<i>Thomas E Brown</i>	Street: 922 4 1/2 Mile Rd. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, CAROL Stickles, (certify): I reside at 612 GROVE AVE Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 23 / 2011
(Month) (Day) (Year)

Carol Stickles
(Signature of Circulator)

Page No. (Official Use Only)

1499

Circulator

Phone

Email

K23075

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. LaShawn Patterson	<i>[Signature]</i>	Street: 1129 Park Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/22/2011 <small>(Month) (Day) (Year)</small>
2. Rita Cole	<i>[Signature]</i>	Street: 1621 S Memorial City: Racine Wis. Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine (AL)	11/22/2011 <small>(Month) (Day) (Year)</small>
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Andrew Lembe (Name of Circulator), (certify): I reside at 1113 Euclid Ave Brookfield (Circulator's Residence - Street name and Number) Spring Prairie (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 23 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

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Circulator

Phone

Email

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